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| **ABSENCE NOTICE**  **EMPLOYEE’S NAME**:  **PERIOD OF ABSENCE**:  From: to:    **CHARGE TO: # HOURS**  Vacation  Sick Leave ........  Family Care ........  Family Death  Leave Without Pay  Compensatory Time Off  **REASON** (for item checked above):    Employee’s signature Department approval signature  D1371 (7/79) CALCODE 71461-107 |